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## BIB DATA SHEET

CONFIRMATION NO. 8451

<b>SERIAL NUMBER</b> 10/565,953	<b>FILING or 371(c) DATE</b> 01/26/2006 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3679	<b>ATTORNEY DOCKET NO.</b> 108731858USWO		
<b>APPLICANTS</b> Hideyasu Miyahara, Aki-gun, JAPAN; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/JP04/11114 07/28/2004 <b>** FOREIGN APPLICATIONS *****</b> JAPAN JP2003-284160 07/31/2003 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 05/16/2006						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/DAVID BOCHNA/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWINGS</b> 8	<b>TOTAL CLAIMS</b> 8	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> HAMRE, SCHUMANN, MUELLER & LARSON, P.C. P.O. BOX 2902 MINNEAPOLIS, MN 55402-0902 UNITED STATES						
<b>TITLE</b> Medical connector system						
<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			